

# ● PRINTER RUSH ●

(PTO ASSISTANCE)

IFW

Application : <u>09/288006</u>	Examiner : <u>Abelson, R</u>	GAU : <u>2663</u>
From : <u>S. G. C.</u>	Location : <u>IDC</u> FMF FDC	Date : <u>2-9-05</u>
Tracking # : <u>06049628</u>		Week Date : <u>12-06-04</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> <u>CLM</u>	<u>07-29-2004</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Improper Dependency? Original claim 6 depends  
upon cancelled original claim 5. Please Resolve.

Thank You,  
SLC

[XRUSH] RESPONSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INITIALS: \_\_\_\_\_

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.  
 REV 10/04